## Rec'd PCT/PTO 23 MAY 2005 10/536757

PTO/SB/81 (04-05)
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Application Number	mination unless it displays a valid CMB control number.
Filing Date	
First Named Inventor	MAESTRINI, Manolo
Title	SIZE-ADJUSTABLE SHOE FOR HOOFED
Art Unit	
Examiner Name	
Attorney Docket Number	

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		the entire interest. See 37 CFR 3	2 74					
Statement un	der 37 C	FR 3.73(b) is enclosed. (Form P	TO/SB/96)					
		SIGNATURE of A	pplicant or As	signee of I	Record			
Signature	Mis	audo Maestrini				Date	10	.05.2005
Name	MAEST	RINI, Manolo				Telephone		
Title and Company		<del></del>						
NOTE: Signatures of all the signature is required, see	he inventor below*.	s or assignees of record of the entire	interest or their	epresentativ	e(s) are require	d. Submit m	ultiple f	orms if more than one
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Attorney Docket

DECLARATION	<b>FOR UTIL</b>	ITY OR	Number		202	13-100U	2
	SIGN		First Nam	ed Inventor	MAEST	TRINI, Manolo	
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Filing	(37 CF) require	R 1.16 (e)) d)	Examiner	Name			
I hereby declare that:							
Each inventor's residence, ma	iling address, a	and citizenship are	as stated b	elow next to ti	heir name	э.	
I believe the inventor(s) name which a patent is sought on the	d below to be t	he original and first	inventor(s)	of the subjec	t matter v	vhich is clain	ned and for
SIZE-ADJUSTABLE S			IMALS				
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[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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Inventor's Signature	olo (usest	rèui				Date 10.05.2005
Residence: City HITTNAU	State		Country		Citize	nship ERLAND
Mailing Address WILDENWIS, CH-8335,		<del></del>				
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